2016-2017 Application for Eligibility for Pre-kindergarten Funding Only

STEP 1 List ALL Household Members who are age 4 on or after August 1, 2016 (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Child's First Name	Child's Last Name	School, if applicable

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

Circle one: Yes / No

If you answered NO > Complete STEP 3.

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Farm, Business or Self–employment income: Please add the sum of tax form 1040 lines 12, 13, 14, 17 and 18. Enter any profit under "All other Income". Report any loss as a zero.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income $ _____

How often? Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Social Security/Child Support/Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/All Other Income	How often? Weekly	Bi-Weekly	Monthly	Annual
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X | | | | |

Check if no SSN ☐

STEP 4 Signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of State funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose benefits, and I may be prosecuted under applicable State laws."

Street Address (if available) _____ Apt # _____

City _____ State _____ Zip _____

Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____

Signature of adult completing the form _____

Today's date _____